

CALIFORNIA DEPARTMENT OF HEALTH SERVICES
DIVISION OF DRINKING WATER AND ENVIRONMENTAL MANAGEMENT
MINORITY BUSINESS ENTERPRISE/WOMEN BUSINESS ENTERPRISE (MBE/WBE)
QUARTERLY UTILIZATION REPORT
 FOR FEDERAL SAFE DRINKING WATER STATE REVOLVING FUND (SDWSRF) LOANS REQUIREMENTS

PART I. POSITIVE AND/OR NEGATIVE REPORTS REQUIRED			
1A. FEDERAL FISCAL YEAR (FY) Oct _____ to Sept _____		1B. REPORTING QUARTER (Check appropriate box) <div style="display: flex; justify-content: space-around;"> <input type="checkbox"/> Q1(Oct-Dec) <input type="checkbox"/> Q2 (Jan-Mar) <input type="checkbox"/> Q3 (Apr-Jun) <input type="checkbox"/> Q4 (Jul-Sep) </div>	
2A. SUBMIT REPORT TO: MBE/WBE Coordinator Department of Health Services Drinking Water State Revolving Fund Program 601 North 7 th Street, MS 92 P.O. Box 942732 Sacramento, CA 94234-7320 FAX (916) 323-1382		3A. LOAN RECIPIENT'S NAME AND ADDRESS <div style="height: 40px;"></div>	
2B. STATE'S CONTACT: Nadine Feletto (nfeletto@dhs.ca.gov) Angela Duromola(aduromol@dhs.ca.gov)		3B. SRF LOAN NO.: <div style="height: 20px;"></div>	
PHONE NO.: (916) 324-3995 (916) 324-3186		3C. RECIPIENT'S CONTACT: <div style="height: 20px;"></div>	
PHONE NO.: <div style="height: 20px;"></div>		4A. PERIOD WHEN CONTRACTS AND/OR PURCHASES UNDER THIS PROJECT WILL OCCUR: <div style="display: flex; justify-content: space-between;"> <div>STARTING DATE:</div> <div>ENDING DATE:</div> </div>	
4B. AMOUNT OF TOTAL PROJECT DOLLARS PLANNED FOR CONTRACTS AND/OR PURCHASES THIS FISCAL YEAR: \$			
4C. RECIPIENT'S MBE/WBE GOALS (Percent of total dollars in 4B for each): <div style="display: flex; justify-content: space-between;"> <div>MBE PERCENTAGE: %</div> <div>WBE PERCENTAGE: %</div> </div>			
5A. ACTUAL AMOUNT OF TOTAL PROJECT DOLLARS FOR CONTRACTS AND/OR PURCHASES THIS QUARTER: \$			
5B. ACTUAL AMOUNT OF MBE/WBE CONTRACTS AND/OR PURCHASES ACCOMPLISHED THIS QUARTER: FROM PART II: <div style="display: flex; justify-content: space-between;"> <div>MBE AMOUNT: \$</div> <div>WBE AMOUNT: \$</div> </div>			
6. NEGATIVE REPORT THIS QUARTER (Check here): <input type="checkbox"/>			
COMMENTS: <div style="height: 100px;"></div>			
NAME OF RECIPIENT'S AUTHORIZED REPRESENTATIVE:			TITLE:
SIGNATURE OF RECIPIENT'S AUTHORIZED REPRESENTATIVE:			DATE:

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RECIPIENT'S NAME:				SRF LOAN NO:	
PART II. MBE/WBE CONTRACTS AND/OR PURCHASES MADE DURING REPORTING QUARTER					
PROCUREMENT MADE BY RECIPIENT (R) OR CONTRACTOR (C)	BUSINESS ENTERPRISE DOLLAR VALUE OF PROCUREMENT		DATE OF AWARD (MM/DD/YY)	TYPE OF PRODUCT ENTER CODE (1)	NAME AND ADDRESS OF MBE/WBE CONTRACTOR OR SUBCONTRACTOR OR VENDOR
	MBE	WBE			
TOTAL:					

Type of product or service codes:

1 = Agriculture
2 = Mining
3 = Construction
4 = Manufacturing

5 = Transportation
6 = Wholesale Trade
7 = Retail Trade
8 = Finance, Insurance, Real Estate

9 = Services
a = Business Services
b = Professional Services
c = Repair Services
d = Personal Services

10 = Other